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LISKEARD
RURAL DISTRICT COUNCIL



THE
ANNUAL REPORT
of the
MEDICAL OFFICER
OF HEALTH

For the Year 1956

P. J. Fox, M.B., B.Ch., B.A.O., D.P.H.

RURAL DISTRICT OF LISKEARD
THE ANNUAL REPORT
of the **MEDICAL OFFICER OF HEALTH**
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To the Chairman and Members of the Rural District Council of Liskeard.

Mr. Chairman, Ladies and Gentlemen,

During the year 1956 the estimated total population of the Health Area fell by 610. This fall was mainly due to a reduction in the population of the Torpoint Urban District from 6,210 to 5,680, due probably to some reduction in the numbers of Royal Naval personnel in the district. There were also small decreases in population in St. Germans Rural District, Liskeard Rural District and Liskeard Municipal Borough, and small increases in Saltash Municipal Borough and Looe Urban District. With 696 live births there was an excess of births over deaths of 44. The corrected birth rate for the Area at 15.1 was slightly below the national rate of 15.7 per 1,000 of population. The highest birth rate recorded was in the Liskeard Rural District at 16.4 per 1,000, the lowest being in the Looe Urban District where it was 13.1 per 1,000. The still birth rate for the Area was 19.7 per 1,000 total births, as compared with a rate of 23.0 for England and Wales.

Deaths in the Area during the year totalled 652, a reduction of 28 on last year's figure, and the lowest so far recorded since I commenced the collection of statistics for the Area in 1948. The average age at death — 68 years for males, and 73 years for females was substantially the same as in 1955, and approaches very closely the figures given in recent Life Tables by the Registrar General. Of those who died during the year, 307 or 47% of the total had reached the age of 75 years or over at the time of death. Once more the group of diseases affecting the heart took the heaviest toll of life causing 255 deaths, and accounting for just over twice as many deaths as those attributed to all forms of cancer which again lies second in order of prevalence as a cause of death. In 1956 cancer of the lung, and the windpipe has for the first time become the most numerous form of defined cancer causing death in No. 7 Health Area, and was responsible for 22 deaths. Other points of interest in the death returns are the increase in the number of suicide deaths which totalled 10, and the fact that "other accidents", many of which concerned old persons and occurred in the home, caused 8 deaths as compared with the more publicised type of accident involving motor vehicles which was responsible for 2 deaths only.

It is appropriate at this stage to make some further reference to cancer of the lung and bronchus (windpipe) which has in recent years been taking an increasing toll of life, and has in consequence received a great deal of publicity, and has provoked much correspondence from statisticians, scientific, and medical workers, and non-specialised people in all walks of life. The main, and rather grim fact of this situation — that lung cancer mortality has greatly increased in the past 25 years — is nowhere in dispute, but there is as yet no agreement on the cause, or causes of this 20th century plague. As a measure of the increase in the disease the rise in the number of deaths from this cause in the country as a whole from 2,286 in 1931 to 17,271 in 1955 is tragically clear, and in this Area there has been a noticeable, and steady increase in the disease over the past seven years from 7 deaths in 1950 to

22 deaths in 1956. In 1950 medical and statistical research workers in this country, and in America suggested that there was a strong link between the incidence of lung cancer, and the consumption of tobacco. Furthermore it appeared that the way in which the tobacco was consumed had a considerable effect on the risk of provoking cancer of the lung, with the cigarette in the role of the villain of the piece. In October 1951 two British medical research workers, with the help, and co-operation of the medical profession, Government departments, and the British Medical Association commenced an enquiry into the smoking habits of some 40,700 doctors. These doctors were then followed through until March 1956 — a period of four years, and five months — and the mortality they had suffered during this period from lung cancer was examined in relation to their smoking habits in October 1951 as shown in a questionnaire completed by them at that time. The result of this interesting, and relatively large-scale enquiry showed a steady gradient of incidence of death from lung cancer with increasing amounts of tobacco smoked. The standardized death rates per 1,000 were: non-smokers 0.07, light smokers 0.47, moderate smokers 0.86 and heavy smokers 1.66 — or in other words the death rate for lung cancer is for heavy smokers (25 cigarettes or more per day) twenty times that of the rate for non-smokers. The enquiry also confirmed a lower incidence of lung cancer in pipe, and cigar smokers, showed a diminished liability to it in those smokers who had given up the habit, and showed a trend of increased mortality from chronic bronchitis, coronary thrombosis, pulmonary tuberculosis, and peptic ulcers amongst those who smoked. There is no doubt that this investigation did much to strengthen the position of those who have been trying to bring before the public the dangerous nature of the smoking habit. In commenting on the findings of this enquiry the editor of the British Medical Journal has written: "The new evidence now published makes it more than ever imperative for all concerned to see that the public is repeatedly informed of the possible dangers to health, and life from smoking cigarettes." In spite of such clear warnings, and the publicity given to the matter in all sections of the popular press, the general mass of the public do not appear willing to abandon, or even moderate their appetite for tobacco. Indeed their jocular reference to the cigarette as a "cancer stick" suggests that in full knowledge of the possible consequences, they do not take the matter very seriously. It is of course a fact that no national publicity campaign drawing the attention of the public and particularly adolescents, and young adults to the hazards of smoking has yet been undertaken. Whilst this may be due in part to the reluctance of the Government to accept conclusions which they, and their advisers do not yet consider fully proven, they must also have in mind the loss of Excise duty, and the probability of unemployment amongst tobacco workers which would inevitably follow the success of any campaign against the smoking habit. Even if such a national Government sponsored campaign were launched there is considerable doubt as to whether it would be a real success. There is a growing view that the tobacco habit is something more than a harmless social custom. On the contrary it bears many of the marks of a drug addiction — in this case to the drug nicotine, and other chemicals which are released and absorbed when tobacco is smoked. Those of us who have witnessed the efforts of our friends, and acquaintances to stop smoking will have observed the intense, almost pathological craving, coupled with an irritability which makes the previously placid smoker difficult to live with and work with. I have more than a little sympathy with the moderate or heavy smoker, long confirmed in his habit, who tries to give it up, and I do not feel that any campaign aimed at him is going to meet with success. Our efforts must be directed mainly at those adolescents, and young adults who have not yet acquired what is after all, an unnecessary, expensive, and probably dangerous habit.

There was a welcome reduction in the number of deaths of infants under one year of age during the year, when 11 such deaths were registered. This is a reduction of 5 deaths on the 1955 total, and is the lowest figure so far recorded, the previous best being 13 deaths in 1954. The 1956 infant mortality rate for the Area was 15.8 per 1,000 live births, as compared with the national rate of 23.8. The highest rates in the Area were at Liskeard M.B. and Saltash M.B. whilst in Torpoint U.D. and Looe U.D. there were no infant deaths. Of the 11 deaths, no less than 8 were of infants under four weeks of age. In these 8 infants dying in the first hazardous days after birth the cause in 75% of the cases was prematurity. Whilst some of the premature deaths would have been difficult or perhaps impossible to prevent, some at least might have been prevented by better ante-natal care of the expectant mother. In this connection it is worth remembering that whatever the National Health Service may offer through the family doctor, the midwife, and the ante-natal clinic, the co-operation, and understanding of the expectant mother is very important if the desired result — a normal birth at full-term is to be achieved. Pregnancy is in the great majority of cases a normal physiological process which ends in the birth of a healthy baby, but since in a small proportion of cases complications, and abnormalities do arise, it is never wise to take things altogether for granted. The observance of some simple, and not particularly irksome rules about, diet, rest, and relaxation, and clothing will do much to prevent the onset of those difficulties which once established, and allowed to continue may result in stillbirth, or premature birth. In this Health Area, largely rural in character, the ante-natal clinic operating in one of the larger centres of population did not prove successful, and the provision of ante-natal care, and advice must therefore rest with the family doctor, and the district nurse/midwife.

For many years maternal mortality has been very much less of a problem than infant mortality, and it is now uncommon to find women dying as the result of childbirth. In the Health Area there was only one such death last year, and even this is above the average for the preceding five years in which three such deaths only occurred.

During the year 1956 the incidence of infectious disease, other than tuberculosis, was below average. The total number of cases notified was 480 as compared with an average of just over 900 for the six years immediately preceding. The most prevalent diseases in numerical order were measles with 241 cases, whooping cough with 111 cases, pneumonia with 70 cases, and erysipelas with 21 cases. Of the more serious infectious diseases there were 3 cases of poliomyelitis, 3 of encephalitis, and 1 of meningitis. None of these or indeed of the more common infectious diseases had a fatal outcome, and the 3 cases of poliomyelitis were of the non-paralytic variety. One of these was a summer visitor to Looe who was already suffering from the disease when she left her home in Manchester to travel to Cornwall.

In the early months of the year the parents of some 5,800 children born in the years 1947 to 1954 inclusive were written to, and asked to signify whether they wished to have their children registered for immunisation with a new British poliomyelitis vaccine which it was hoped would soon be available in limited quantities. Parents of 1,564 of these children agreed to register them — an acceptance rate of 27%. Subsequently in May and June with the limited supply of vaccine provided, 178 children selected according to a plan given by the Ministry of Health were vaccinated without incident. It is not possible to express any useful opinion yet on the efficacy of this vaccine especially as the incidence of poliomyelitis in the country was relatively light during the summer and autumn months of 1956, and children were therefore not exposed to a great deal of this infection. The acid test of this or any other vaccine against poliomyelitis will be its ability to protect vaccinated children

in the face of moderate or heavy infection in their environment. We all fervently hope that this new measure against poliomyelitis will prove effective, as up to date all other measures tried have proved unreliable, and of little value.

Although the total incidence of new cases of tuberculosis during 1956 was below that of the previous year, the reduction occurred wholly in non-respiratory disease, the incidence of respiratory disease remaining at 28 cases as in 1955. One case only of non-respiratory tuberculosis was notified during 1956, and this is by far the lowest figure recorded for this disease since the Health Area was formed in 1948. Since most non-respiratory infections are due to the bovine type of tubercle bacillus, we have good reason to hope that as tuberculous cattle are eliminated from dairy herds this disabling and disfiguring disease once so common amongst children, and adolescents will largely disappear. Unfortunately the prospect for the more common form of tuberculosis — that which affects the lungs — is not nearly so bright. Respiratory tuberculosis has always been the more prevalent type of the disease, and since the human being is the reservoir of infection it is understandably much more difficult, to discover and control human sources of infection. Amongst those who give time and thought to the problem there is a growing belief that the largest part of the reservoir of infection lies in the older age-groups of the community, i.e. from 45 years upwards. Many such people suffer from long-standing chest complaints — usually labelled as chronic bronchitis — which may mask the presence of tuberculous infection, or may through their chronic debilitating effect on the lung tissues, predispose to the lighting up of an old, and apparently healed focus of tuberculous infection, dating back perhaps to adolescent, or early adult life. In this connection it is worth reporting the result recently published of an investigation into a possible association between smoking, and respiratory tuberculosis. This showed that in both sexes patients of over 30 years of age with respiratory tuberculosis showed a highly significant deficiency of non-smokers, and light smokers, and an excess of moderate and heavy smokers when compared with control cases not suffering from tuberculosis. This suggests that smoking may be an important cause of the breakdown of healed, and quiescent respiratory tuberculosis in adults, especially those past middle age who have been smoking for many years. Whatever the cause or causes of respiratory tuberculous infection in middle-aged and elderly persons, it is generally difficult to persuade such persons of the desirability or necessity of having their chest condition properly investigated to exclude diseases such as tuberculosis, and cancer which are becoming more common in the later decades of life. The popular conception of tuberculosis is of a disease which affects adolescents and young adults, and it therefore is not surprising to find difficulty in convincing older persons of their liability to suffer from it, and of the necessity to undergo X-ray examinations, and sputum tests when their chest condition is not normal. It is a common experience to find when checking up on the contacts of newly discovered cases, that middle-aged or elderly relatives and friends of the patient who have had contact with him, are either reluctant, or refuse outright to have themselves investigated at the Chest Clinic. The fallacy of this outlook is illustrated by reference to the figures for new cases of respiratory tuberculosis notified during the three years 1954-1956 inclusive. Of the total of 81 such cases in the Health Area, no less than 32 were in the 45-65 years age group, and 9 were in the over 65 years age group. Thus just over 50% of the new cases notified in these three years were in middle-aged, and elderly persons, and 6 of these were age 70 years and over. I hope that figures such as these will help to dispel any notion that respiratory tuberculosis is mainly a disease of the young, and will perhaps help to persuade those past middle-age to co-operate more readily with those of us who are

trying to eradicate this disease. They owe it not only to themselves so that if required they may be given treatment, but also to those with whom they associate, and whom they may unknowingly infect with tuberculosis.

The most striking feature of the years since 1946 has been the steady fall in the mortality from tuberculosis. Thus in 1948 when the No. 7 Health Area was constituted the number of deaths from this disease was 13, and this figure rose to 21 two years later in 1950. Since then it has shown a progressive, and welcome reduction until in 1956 it reached the record low figure of one death only. The principal credit for this happy state of affairs must go to the new highly effective range of drugs which are now available for the treatment of tuberculosis. Not only do they arrest the progress of the disease but they also shorten the duration of treatment under hospital conditions, and therefore allow a more rapid turnover of sanatorium beds. This in turn means that new patients can be more readily accepted for sanatorium treatment, and the great bugbear of the immediate post-war tuberculosis situation — the long wait for a bed in a sanatorium — has virtually disappeared. Since the prompt isolation and adequate treatment of the newly discovered case is an important factor in limiting the spread of tuberculosis, one may reasonably hope, and expect that improved methods of treating the disease will eventually bring about some reduction in the number of persons newly infected. We may also hope that this more effective treatment of tuberculosis will encourage cases to seek early advice, and to persevere with treatment to a greater extent than in those not-so-distant times when the outlook in tuberculosis was so much more gloomy.

Some few years ago the Medical Research Council commenced a large-scale investigation into the use of B.C.G. vaccine in preventing tuberculous infection in adolescents. In February 1956 the first progress report was published. This showed that B.C.G. vaccination did confer a substantial degree of protection in adolescents, and it appeared that vaccination reduced the chances of contracting tuberculous by about 80%, or to put it in another way, of every five cases of tuberculous appearing in unvaccinated adolescents, four might have been prevented by B.C.G. vaccination. The County Medical Officer has since 1954 operated a scheme for giving B.C.G. vaccine to adolescents in the school-leaving age group who after appropriate tests were found to need it. The response of parents to this scheme has on the whole been very good, and by the time the last series of testing, and vaccination sessions were held in November 1956 a total of 1,658 school-leavers had been vaccinated in No. 7 Health Area.

The welfare of old persons continued to cause some anxiety during the year. The difficulties of dealing with old people arises not so much from shortage of suitable welfare, and hospital accommodation — although during the winter these are only just adequate — as to the reluctance, or outright refusal of some of them to agree to move into an institution or hospital where they can be cared for. No doubt much of their obstinacy stems from a natural sense of independence commoner in a generation which grew up and formed its values before the advent of the Welfare State, whilst in many the dulling of their critical faculties by advancing years makes them unable, and unwilling to appreciate the deterioration which has taken place in their personal standards of living, of cleanliness and of their conduct towards the rest of the community in which they live. In fairness to the general body of elderly people I must make it clear that the old persons referred to above are in the minority. The great majority of old persons live under reasonable conditions in their own homes, with relatives, or in eventide homes or institutions, and cause little or no concern to anyone. On the other hand the few recalcitrant, and unreasonable characters which do exist, can cause

trouble, and anxiety to their neighbours, and to the welfare services out of all relation to their actual numbers. I am aware that powers exist under which such cases can be taken before the local Court of Summary Jurisdiction, but I am very reluctant to recommend District Councils to take this course of action, and they are understandably equally reluctant to authorise the taking of such action. Apart from the possibility that the Court may have to deprive the old person of his liberty, he is in any event exposed to the publicity which almost inevitably accompanies the taking of the cases before the Bench. In this latter connection I feel that such cases might be more expeditiously, and humanely dealt with if the procedure used for mentally ill people—the consideration of the case out of Court by one or two Justices—were adopted, particularly as some of the cases concerned display eccentricities of behaviour, and confusion of thought, which if not calling for action under mental health legislation do suggest some deterioration in mental faculties.

In spite of the various difficulties encountered in this field during the year, it was not found necessary to take action under the National Assistance Act, 1948, to seek the compulsory removal of any old person to an institution or a hospital.

The Food Hygiene Regulations 1955, which were laid before Parliament in December 1955, came into operation on 1st January, 1956. There was some feeling of disappointment amongst public health workers that the new regulations did not give all the powers that seemed necessary to secure, and maintain good standards in this important aspect of their work. In addition it was not very long before certain ambiguities, and difficulties of interpretation of parts of the regulations became evident which are likely to reduce the effectiveness of these regulations. Another source of disappointment was the failure of the regulations to provide for compulsory registration of food premises with the Local Authority, in this case the County District Council. As long ago as 1951 when the Report of the Catering Trade Working Party was published, the Local Authority and Public Health representatives on the Working Party urged that catering establishments should after adequate inspection, and providing they came up to an agreed standard, be registered. On the other hand the Catering Trade representatives pressed for registration "as of right". Although the two parties did not agree about the way in which registration should be effected, both appeared to consider that it was desirable. It is therefore surprising to find that when the long-awaited new regulations did appear, there was no reference to any type of registration, even for catering establishments in which mediocre, or poor standards of premises, and equipment make it difficult for reasonable standards of food hygiene to be maintained. There are in this Area catering establishments where because of the limited space available, both inside, and around the buildings, rooms for storage, and preparation of food are inadequate in size, and badly ventilated, and garbage, and waste food bins have to be stored in the same room in which food is prepared, cooked and served. As the law stands at the moment there is little the Local Authority can do to ensure such premises are used to the best advantage of the public who use them and have the right to expect that the food prepared in them will be hygienically handled, wholesome and free from infection. In spite of the defects in the regulations which I have referred to, they do represent an improvement on the provisions of the Food and Drugs Act, 1938, and it has been possible by recourse to them to secure better conditions in the great majority of premises in which food is handled, prepared, and sold. In general owners and managers of food businesses have been helpful, and co-operative in carrying out alterations, additions and works necessary to bring their premises up to the required standard.

During 1956, in spite of the great influx of holidaymakers into the Area, with the resultant large expansion in the catering trade, four cases only of food poisoning were notified. These were amongst visitors who were moving about a good deal, and there was no indication as to where the infection was contracted. I have in previous years written of the importance of maintaining good standards in the holiday catering industry, which is after all one of Cornwall's principal sources of employment and income. At the risk of appearing tedious or repetitive I should again like to draw the attention of all concerned in this trade to the necessity of continuing to maintain the highest possible standards in spite of the difficulties which I know they have to contend with in a trade which because of its seasonal nature has to employ considerable numbers of semi-skilled, and unskilled workers.

The main activity in the field of water supply has again been in the vicinity of Liskeard where work on the new intake main from the River Fowey to St. Cleer, and on the new treatment plant and storage reservoirs on St. Cleer Downs for the Liskeard and District Water Board continued, and made good progress. Whilst the Water Board was undertaking this work, the Liskeard Rural District Council proceeded with a comprehensive scheme of laying water mains in the southern, and south-western parts of the Rural District. These mains will be ready to function as soon as the bulk supply of treated water becomes available at the Water Board's new works on St. Cleer Downs — probably in the early autumn of 1957. This new supply when it becomes available will prove a great boon to farms, and private dwellings which up to now have been dependent on local sources liable to failure in dry spells, and of doubtful purity. Towards the end of the year notification was received of the proposal to hold an enquiry into a further section of the scheme to bring piped water to that part of the Rural District lying to the north and north-east of the main works at St. Cleer. In parts of the Area other than the Liskeard Rural District supplies of water were generally adequate and of good quality, and apart from minor problems of distribution, no real difficulties arose. During the latter part of the year discussions between the South-East Cornwall Water Board, and the Liskeard and District Water Board with a view to examining and integrating policy on water supply in this part of the County were initiated. I sincerely hope that these discussions will lead to the most effective use of available sources of supply, and to the widest possible distribution of pure piped water in South-East Cornwall.

Apart from repairs and improvement to existing local sewage disposal schemes, the only noticeable activity in this field was the completion of the second and final stage of the scheme to serve the large village of St. Germans. The large-scale scheme for the town of Callington, submitted to the appropriate Ministry at the end of 1955, was finally approved in November 1956 and there is now every reason to hope that a start on actual constructional work will be made in the early summer of 1957. In the Liskeard Rural District schemes to deal with sewage in five villages which were examined and approved in principle by the Ministry as long ago as 1953/54 are still awaiting permission for work to commence on them. Enquiries into ways and means of dealing with sewage disposal in the Borough of Liskeard continued and it appears that it may soon be possible to prepare a final scheme to deal with the large-scale and increasing nuisance caused by the discharge of crude sewage into the East Looe river.

In concluding this general preface to my Annual Report for 1956 I should again like to express my gratitude for the help and ready co-operation I have at all times received from the various Officers of the District Councils

I serve and particularly the Public Health Inspectors with whom I have worked in the closest harmony throughout the year. I should also like to thank the Members of the Councils for the support and encouragement I have had during the year and without which it would have been difficult if not impossible to carry out my duties and obligations to the Public Health Service.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

P. J. FOX,

Medical Officer of Health.

LISKEARD RURAL DISTRICT

Public Health Committee.

COUNCILLOR L. O. SHOVEL, *Chairman.*

COUNCILLOR MRS. E. L. TREGARTHEN, *Vice-Chairman.*

together with 24 other members of the Council.

This Committee meets once a month and deals with the great majority of matters affecting Public Health.

Housing Committee.

COUNCILLOR F. W. RUNDLE, *Chairman.*

COUNCILLOR S. BALL, C.C., *Vice-Chairman.*

together with 27 other members of the Council.

This Committee meets once a month and deals with those matters of Public Health, in particular slum clearance, which are directly related to Housing.

Health Officers of the Authority.

P. J. FOX, M.B., B.Ch., D.P.H., *Medical Officer of Health.*

G. ROGERS, M.R.S.H., M.A.P.H.I., *Chief Public Health Inspector
and Surveyor.*

G. M. LAWRY, M.A.P.H.I., A.I.Hsg., *Additional Public Health Inspector.*

G. O. COWLING, *Assistant Surveyor.*

RURAL DISTRICT OF LISKEARD

Area of Rural District	...	...	...	104,803 acres
Population (Registrar-General's Estimate)	...	...	...	13,990
Number of Inhabited Houses	...	...	...	4,981
Rateable Value	...	...	...	£89,545
Sum represented by Penny Rate	...	...	...	£347

Vital Statistics for 1956

		Male	Female	Total
Live Births	...	100	101	201
Liskeard R.D. Health Area No. 7 England & Wales				
Birth rate per 1,000 of population	...	16.4	15.1	15.7
		Male	Female	Total
Still Births	...	1	1	2
Liskeard R.D. Health Area No. 7 England & Wales				
Still birth rate per 1,000 total births	...	9.9	19.7	23.0
		Male	Female	Total
Deaths	...	74	79	153
Liskeard R.D. Health Area No. 7 England & Wales				
Death rate per 1,000 of population	...	9.3	11.3	11.7
		Male	Female	Total
Deaths of infants under one year of age	...	—	2	2

	Liskeard R.D.	Health Area No. 7	England & Wales
Infant mortality rate per 1,000 live births.	10.0	15.8	23.8
Maternal Deaths ...	None registered.		

Principal Causes of Death at all Ages

Heart disease ...	...	...	...	62
Cancer (all sites) ...	...	...	...	29
Vascular lesions of the nervous system ("stroke")	...	...	...	19
Respiratory disease	...	...	...	6
Circulatory disease	...	...	...	6
Digestive disease ...	...	...	...	6
Suicide ...	...	...	...	4
Genito-urinary disease	...	...	...	3
Accidents in the home	...	...	...	2

Average Age at Death

Males	Females
69	71

A small reduction of 40 in the estimated population of the Rural District occurred during the year. The birth rate showed an increase of 1.9 per 1,000 over the 1955 rate and in addition to being above the rates for the Health Area, and England and Wales, was the highest in South-East Cornwall. Still birth and infant mortality rates were commendably low. The death rate at 9.3 per 1,000 of population was appreciably below the figures for the Health Area and England and Wales. Although the number of deaths from all types of cancer showed a small reduction from last year's total, the incidence of cancer of the lung and bronchus as a cause of death rose sharply from 3 in 1955 to 10 in 1956. The average age at death rose from 64 years to 69 years for males, and fell slightly from 72 years to 71 years for females as compared with the preceding year. Of those dying 46% had reached the age of 75 years or above at the time of death. For the sixth successive year there were no maternal deaths.

Infectious Disease. The total of 125 cases of infectious disease notified during 1956, represents a small increase over the 1955 figure of 112. The most prevalent diseases were measles with 85 cases, whooping cough with 14 cases and pneumonia with 13 cases. Of the more serious infectious diseases, including poliomyelitis, no cases were notified. The four cases of food poisoning notified were amongst holidaymakers. The infection was not severe and as the persons involved were moving about a good deal, and taking meals in many different places it was not possible to discover the source of infection. There was one death from notifiable disease during the year when pneumonia in an elderly woman had a fatal outcome. The following are details of actual numbers and case rate of notifiable disease occurring during 1956 :—

Disease	Cases	Rates per 1,000 of population	
		Liskeard R.D.	Health Area No. 7
Measles ...	85	6.06	4.72
Whooping cough...	14	1.00	2.18
Pneumonia ...	13	0.93	1.37
Scarlet fever ...	6	0.43	0.31
Food poisoning ...	4	0.29	0.08
Dysentery ...	1	0.07	0.04
Encephalitis ...	1	0.07	0.06

Tuberculosis. During the year 7 cases of tuberculosis were notified as against 5 cases in 1955. All 7 were cases of respiratory infection involving 3 adult males and 4 adult females. There was one death from tuberculosis, the

person involved being an adult male who had been notified originally in 1952 as a case of respiratory tuberculosis.

The following are details of new cases, deaths, case rates and mortality rates during 1956 :—

Age Group	New Cases		Deaths	
	M.	F.	M.	F.
0—1	—	—	—	—
1—5	—	—	—	—
5—15	—	—	—	—
15—45	1	3	—	—
45—65	1	1	1	—
65 and over	1	—	—	—
Totals	3	4	1	—

Rate per 1,000 of population			
Liskeard R.D. Health Area No. 7			
New cases	...	0.50	0.57
All known cases	...	5.50	7.08
Deaths	...	0.07	0.02

At the end of 1956 there were 66 known cases of respiratory tuberculosis, and 11 known cases of non-respiratory tuberculosis residing in the Liskeard Rural District.

National Assistance Act, 1948. No action under Section 47 of this Act was called for during the year.

Water Supply. Progress was made on the provision of new intake works on the River Fowey, on the laying of the new large diameter intake main from there to the new treatment works and storage reservoirs at St. Cleer, and by the end of the year work was largely concentrated on buildings and installations at St. Cleer. It appears that this work which is being carried out by the Liskeard and District Water Board will be completed by the late summer or early autumn of 1957 when a considerable quantity — up to two million gallons per day — of filtered, and sterilised water will become available for distribution. In anticipation of this the Rural District Council has been laying branch mains from the St. Cleer-Polruan trunk main in the southern and south-western parishes of the District. These will be brought into use when the larger quantity of water becomes available at the new treatment and storage works at St. Cleer. The next step will be the laying of mains and the construction of reservoirs, pumping stations, and other plant to afford piped water to the villages and hamlets to the north and north-east of St. Cleer. Small scale local supplies in these, and other villages, and hamlets in the Rural District continued to be very variable in quality, and generally inadequate in quantity and the extension of adequate supplies of pure piped water throughout the District will be a great achievement and a great blessing.

Sewerage and Sewage Disposal. There were no important developments in this sphere during 1956. Five schemes to deal with sewage disposal problems at Menheniot, Dobwalls, Lanreath, Duloe and Tredinnick which were approved in principle about three years ago cannot be started until permission to do so has been received from the Ministry of Housing and Local Government. Ideally the provision of adequate supplies of piped water, and the provision of adequate sewerage, and means of sewage disposal should proceed side by side, but because of financial restrictions expenditure on water supply schemes has been given some priority over that on sewage disposal. It is probable that when good supplies of piped water become available

throughout the Rural District, an increase in the nuisance from untreated sewage will occur in the vicinity of the larger villages and hamlets.

Food. Judged by the relative absence of notified cases of food poisoning — four only were notified during the year — the standard of hygiene associated with the handling and preparation of food was reasonably good. As far as the catering part of the food handling industry in the Rural District is concerned, the small seaside town of Polperro is by far the most important. In addition to holiday visitors resident in and about the town large numbers of day trippers come here daily during the summer months in coaches and private cars. This has resulted in a heavy demand for catering facilities during the summer season with the opening up of cafés and snack bars in old premises which are in many cases not very suitable for this type of business largely because of restricted space for storage and preparation of food and poor ventilation. In such circumstances more than usually close attention must be paid to sound hygienic practices in the storage and handling of food, in the cleansing of cutlery, crockery and cooking utensils, and in the storage, and disposal of waste material which is so attractive to rodents, and flies — both of which can and do carry the germs of food poisoning. However, as I have already said, in spite of one's apprehension about the risks of outbreaks of food poisoning in the busy summer season, only four cases did occur in the whole of the Rural District, and these were not connected with any catering establishment in the District.

Factories Acts, 1937 and 1948. No difficulties in the administration of these Acts were experienced in 1956.

Report of Chief Public Health Inspector. The report by Mr. G. Rogers, M.R.S.H., follows. I wish once more to express my sincere thanks to Mr. Rogers and his assistants, Mr. G. Lawry and Mr. G. O. Cowling, for the help given to me at all times during the year.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

Water Supply. The supply of water to the villages of Rilla Mill, Maders, Hessenford, Widegates, Widlake, No Man's Land and Great Tree from the connections to the South-East Cornwall Board continued to be satisfactory throughout the year, during which time, more houses were connected to the branch mains, although the total draw off was still below estimated requirements.

Trunk Main serving Polruan, Lanreath and Dobwalls. The supply of water through this main has been satisfactory, except during the severe frosts of February, when numerous bursts in service pipes caused a considerable drop in the water level in the Veverly reservoir, which was not recovered for several weeks. The 60,000 gallons drawn daily from the reservoirs on St. Cleer Downs has been adequate to meet normal demands.

St. Neot. This supply was reasonably well maintained during 1956 and the only serious trouble was a fracture of a main, caused by a heavy agricultural tractor, on soft ground. The damaged pipe was replaced with little delay and inconvenience to the consumers.

St. Cleer. Adequate supply generally throughout the year. Distribution mains known to be in poor condition, with the bore considerably encrusted. Within recent years the distribution mains serving the higher levels have been renewed and it will shortly be necessary to renew those serving the area between Fore Street and the School, including Tremar Lane. The Village reservoir was extensively repaired early in the year.

Menheniot. Supply good throughout the year, except during the heavy frosts of February.

Polperro. No damage to any water main was caused by frost, but the two electric pumps which raise water to the elevated tower at Menadue were put out of action. The thaw soon came, however, and the inconvenience to householders was of short duration. Frost did cause some damage to the concrete tower which was repaired as soon as conditions permitted.

The supply at Polperro was just able to meet the heavy draw off during July and August, although the whole of the storage had been used by the beginning of August. Careful examination of the intake was made and there was evidence of some partial obstruction in the pipes conveying water to the reservoir. These were cleared, and did result in a slight increase in the supply. Notices were displayed at and around Polperro warning residents to avoid any wastage.

Common Moor. Supply very low during August.

Seaton. During July and August, at heavy draw off periods, the storage was completely exhausted, and householders had to rely entirely on the flow of water from the springs. Economy was practised and the summer passed without serious inconvenience.

Doddycross. Public Well. Bacteriological examination showed gross contamination. No obvious source of pollution was found, but the very situation of the well made the possibility more than likely. Notices were displayed, warning users to boil all water before using it for drinking purposes.

Warleggan. Sanction to commence the water scheme for this area was not received during 1956.

Other Villages with Public Wells. No shortages during the year. Quality must always be suspect.

Branch Water Mains. Part 3 Scheme.

During the year, good progress was made in the laying of branch mains, and the construction of reservoirs to supply almost every village in the southern part of the District. Already by the end of the year, mains were laid to serve Duloe, Tredinnick, Trewidland, East Taphouse, West Taphouse, and other sections were in hand. Excavations for a reservoir at St. Pinnock had been taken out and the construction of a Water Tower at East Taphouse was well advanced. A main to serve Pelynt and Talland with a connection to the Polperro reservoir was in hand by the end of the year. If the anticipated progress is made in the construction of treatment works at St. Cleer by the Liskeard and District Water Board, water will be available during July 1957.

(a) **Quality.**

- | | | | |
|--------------|-----|-----|--|
| 1. St. Keyne | ... | ... | Pump. Bacteriological examination—moderate degree of contamination. 20.1.56. |
| 2. Pelynt | ... | ... | Pipe from spring. Bacteriological examination—satisfactory. 20.1.56. |
| 3. Pensilva | ... | ... | Pump. Bacteriological examination—satisfactory. 17.3.56. |
| 4. St. Neot | ... | ... | Dip well. Bacteriological examination—satisfactory. 11.5.56. |
| 5. St. Neot | ... | ... | Shallow well. Bacteriological examination—slight degree of contamination. 14.5.56. |
| 6. St. Ive | ... | ... | Shute. Bacteriological examination—grossly contaminated. 15.6.56. |
| 7. St. Ive | ... | ... | Land spring. Bacteriological examination—grossly contaminated. 15.6.56. |
| 8. St. Neot | ... | ... | Shute. Bacteriological examination—satisfactory. 15.6.56. |

(a) Quality. (continued.)

- | | | | | |
|-----|--------------------|-----|-----|--|
| 9. | St. Neot | ... | ... | Land spring. Bacteriological examination—satisfactory. 15.6.56. |
| 10. | Widegates | ... | ... | Trenode School. Bacteriological examination—contaminated. Unsafe. 29.6.56. |
| 11. | Pelynt | ... | ... | Land spring. Bacteriological examination—gross bacterial pollution. 3.7.56. |
| 12. | Common Moor | ... | ... | Land spring. Bacteriological examination—gross bacterial pollution. 21.7.56. |
| 13. | Common Moor | ... | ... | Land spring. Bacteriological examination—gross bacterial contamination. 21.7.56. |
| 14. | Pensilva | ... | ... | Shallow well. Bacteriological examination—no remarks. 30.7.56. |
| 15. | Pensilva | ... | ... | Direct from shallow well. Bacteriological examination—slight degree of contamination. 18.8.56. |
| 16. | Linkinhorne | ... | ... | Shallow well. Bacteriological examination—gross bacterial contamination. 18.8.56. |
| 17. | Woolston | ... | ... | Stone culvert. Bacteriological examination—gross bacterial contamination. 18.8.56. |
| 18. | Doddycross | ... | ... | Shallow well. Bacteriological examination—gross bacterial contamination. 18.8.56. |
| 19. | Darley Ford | ... | ... | Shallow well. Bacteriological examination—satisfactory. 17.9.56. |
| 20. | Pensilva | ... | ... | Shallow public well. Bacteriological examination—satisfactory. 17.9.56. |
| 21. | St. Cleer | ... | ... | Piped supply. Bacteriological examination—moderate degree of contamination. 1.10.56. |
| 22. | Darite School | ... | ... | Tap supply. Bacteriological examination—satisfactory. 18.10.56. |
| 23. | St. Neot School | ... | ... | Tap supply. Bacteriological examination—satisfactory. 18.10.56. |
| 24. | Pensilva School | ... | ... | Pump over well. Bacteriological examination—satisfactory. 18.10.56. |
| 25. | Upton Cross School | ... | ... | Piped supply. Bacteriological examination—satisfactory. 16.11.56. |
| 26. | Dobwalls School | ... | ... | Tap supply. Bacteriological examination—satisfactory. 22.11.56. |
| 27. | Trenode School | ... | ... | Tap supply. Bacteriological examination—satisfactory. 22.11.56. |
| 28. | Minions | ... | ... | Piped supply. Bacteriological examination—gross bacterial contamination. 1.12.56. |

Polperro.

As reported previously, although every possible protection of the source is made, the quality is not always good. The water is neither filtered nor chlorinated, and at times there is evidence of surface contamination. It will be of considerable relief to the Council, when the new supply from the Water Works at St. Cleer is able to be turned into the Polperro reservoir, and the old supply discontinued.

There is no satisfactory and sure method of adequately protecting shallow wells and springs, so that the expansion of the new water mains will not only provide an adequate supply, but will ensure that the quality is above suspicion.

(b) Quantity.

The summer of 1956 was one of the wettest on record, and it was only to be expected that shortages would be very few. At Polperro, where the

demands during the summer seem to grow each year, the supply was just sufficient. For some weeks there was no overflow at the reservoir, and the water level dropped dangerously low.

At Doublebois, where there is a shortage of water almost every year, a standpipe was provided for residents and water taken from a new main which will ultimately supply West, Mid and East Taphouse.

(c) **Bacteriological Examinations.**

Twenty-eight samples of water were taken during the year for bacteriological examination, and the results are shown in Section (a) of this report.

(d) **Plumbo Solvency.**

No case of lead poisoning was reported during 1956.

(c) **Contamination of supplies.**

Most supplies to villages and hamlets in the District are from shallow wells or surface springs, and few are above suspicion. As reported in Section (a), the proper protection of such sources is impossible, and the only hope of a pure supply of water is from the network of new mains now being laid.

(f) **Parishes with one or more villages having piped water supply :**

Parish			Population of Parish	Population supplied to houses	Population supplied by standpipes
Boconnoc	...	...	189	50	Nil
St. Cleer	...	...	1,616	825	37
Broad oak	...	...	233	40	Nil
Duloe	...	...	572	225	Nil
St. Ive	...	...	1,158	190	Nil
Lanreath	...	...	390	150	Nil
Lansallos	...	...	1,504	1,250	Nil
Lanteglos	...	...	1,234	1,184	50
Linkinhorne	...	...	1,228	300	120
Liskeard	...	...	978	500	Nil
St. Martin	...	...	427	222	Nil
Menheniot	...	...	1,073	304	20
Morval	...	...	539	70	Nil
St. Neot	...	...	932	176	100
Pelynt	...	...	486	50	Nil
St. Veep	...	...	334	50	30
St. Pinnock	...	...	339	35	30
South Hill	...	...	404	40	Nil
St. Winnow	...	...	365	30	Nil
St. Keyne	...	...	132	40	Nil

Sewerage.

Seaton. Sea Outfall. The system continued to function satisfactorily throughout 1956. At all tides, no nuisance arose from the sea outfall and the popular summer resort has benefitted considerably from the provision of this system.

St. Cleer. Treatment Works. A few more premises were drained to the sewer during 1956. The works operated very satisfactorily and during the wet summer the glass roof over the drying beds proved to be of great value, for, in spite of the rain, the sludge was dried and removed to be used as fertilizer without hindrance. No difficulties were experienced in the maintenance of this works, which was no doubt due to the very regular attention which had to be given.

Polruan. Sea Outfall. The only trouble experienced with this system during the year, was a chokage near the point at which the river discharges into the sea. It was found that large pebbles had been forced up the sewer by the tides and in order to prevent any recurrence of this, a tidal flap was fitted at the outfall.

Polperro. Sea Outfall. A sewer branch in the harbour was damaged in rough weather and had to be repaired, and a particularly obstinate chokage had to receive attention on several occasions before it was finally cleared. The routine cleansing of the outfall tunnel was carried out and the whole system continued to function satisfactorily.

Pelynt. Treatment Works. Three valves at the works became defective, and in order to repair them it was necessary to manually empty the sludge tanks. It was decided that the maintenance work, carried out by a part-time operative was insufficient for the efficient working of the plant, and that the Council's employee carrying out the maintenance of the Tuke Bell filters, should attend the Pelynt sewerage works at least once a fortnight. There is no doubt, however, that in order to improve the effluent passing into the stream, a sludge lagoon must be constructed and the Council has allowed for this work in the 1957 estimates. It is hoped that it will be provided early in 1957.

Bodinnick. River Outfall. It was necessary to renew over 100' of 9" sewer in cast iron pipes at a point where it discharges into the river.

Other systems, which are of a minor nature have been maintained satisfactorily, and one at Doublebois had to have an additional septic tank and disposal trench constructed.

Public Conveniences. No additional Conveniences were erected in 1956. All those in the District were in continuous operation throughout the year with the exception of that at Seaton, which is opened for the summer season only, i.e. May to September.

Refuse Collection. The two main dumps, one at St. Cleer Downs, and the other at Bury Down, Lanreath, have continued to be used for the disposal of refuse. These sites will be able to be so used for several years. In order to lessen the cost of collection, the Council endeavoured to acquire a site near Polperro. After considerable difficulty, a satisfactory site, which the owner was prepared to sell, was located, and negotiations for its acquisition are nearing completion.

Difficulty arose in obtaining two vehicles for Polruan and Polperro. No standard refuse vehicle existed which offered the collection capacity required, i.e. $3\frac{1}{2}$ cubic yards, and also the dimensions which would permit them to be successfully operated in the very narrow streets of these two villages, and this necessitated a special chassis and body. A tender for two such vehicles was finally accepted, and it is hoped that they can be provided to be in operation early in 1957.

Standard Dustbins. It was decided to make a drive to secure the provision of standard dustbins throughout the District, and a start was made at Polruan. A survey of the village showed us that numerous householders were using odd tins, buckets or pans and as a result over 150 notices were sent under Section 75 of the Public Health Act, 1956, requiring dustbins to be provided. In practically all cases the bins were forthcoming, and it was not necessary for the Council to make any prosecutions for enforcement of the notices.

Other parts of the District will be dealt with in the same manner, in order that the refuse collection may operate without nuisances being caused by inadequate storage of household refuse by the householders. A circular was

prepared, drawing the attention of householders to the need of a standard, metal, covered bin, and the result of the communication was a considerable increase in the use of new bins.

Storage of Petroleum Spirit. The policy of inspecting all new installations and testing tanks for the storage of petroleum spirit, and the routine visits to the petrol storage stations was continued in 1956. Only minor items which needed attention were found. There are 39 premises licensed for the storage of petroleum spirit in the Rural District.

Moveable Dwellings. The nineteen licensed Camping Sites in the District continued to operate during the year. The sites were originally provided with amenities intended to accommodate an aggregate of 670 dwellings, but it became apparent during the peak season that in many cases the number of dwellings was far in excess of that originally indicated. A survey was carried out and it was revealed that, particularly in the sites situated in the vicinity of the coast, that the sanitary accommodation available was not adequate to cope with the extra influx of caravans. The Council, in 1954, laid down standard conditions for Caravans and Camping Grounds, which included a clause providing for one Convenience for males and one for females for every 25 persons of each sex accommodated.

I drew the attention of the owners of each of the sites concerned to the standard conditions, and advised them that they must either limit the dwellings to that for which the amenities were intended, or provide additional sanitary accommodation. In two cases, work was already in hand by the end of the year, to extend the toilet accommodation.

In a district of this nature, with its mild climate, and extent of coastline, there is an ever increasing demand by visitors for a camping holiday. The demand for letting accommodation is being met by an increase in the provision of caravans and chalets on the sites by the proprietors. This means that an inspection of these individual dwellings must be carried out from time to time to ensure that they are well maintained. Furthermore, the practice tends to limit the space available for touring tents and caravans, which are being forced to make their own arrangements for parking on private land. This is a very poor practice both from amenity and public health aspects.

In addition there are numerous individual caravans licensed in the area, and I am able to report that a visit is made to each, before renewals are granted.

The control of camping is an important aspect of public health work, and the time which must be spent on it by this Department, is increasing annually.

Rodent Control. The Council's Rodent Operator continued his routine work of survey and treatment, throughout 1956. Generally speaking, it was found that the degree of rodent infestation was not so high, particularly on farms. An interesting reason put forward for the reduction in the number of rats in fields and farm buildings, was the absence of rabbits, causing foxes, buzzard hawks, weasels, etc., to prey to a greater extent upon rats, mice and other rodents.

The Council's sewers in the District are too small really to permit heavy infestation, but regular test baiting is carried out, and cases of minor infestations are immediately followed by treatment. The Council's refuse dumps also receive very frequent survey, and treatment. Surveys are also made of farm premises in the District to ensure that active steps are taken to keep infestations to a minimum.

The policy for free treatment in private houses, and making a charge for treatment in the case of business premises has been continued throughout the year, and the results have been quite satisfactory. By the end of the year, there was evidence of the rat population increasing again, and at one farm alone, after one treatment 50 bodies were collected.

For that reason alone there must be no reduction of efforts to deal with every infestation, small or large, wherever this vermin is found.

Factory Acts, 1937-1948. There were during 1956, 117 factories in the Liskeard Rural District, of which 55 were power operated. They are all small in extent, and employ only a few hands. Inspections have been made regularly to ensure that the regulations governing such premises have been complied with.

When visits are made under the Petroleum Consolidation Acts, opportunity is taken to inspect the vehicle repair workshops under the Factory Acts.

Special attention was paid to the means of fire escape that has to be provided in certain factories. The County Fire Authority co-operated in this work, and occupiers of such factories were visited and shown the alterations which were required. The works have since been carried out in most cases, and certificates issued in four instances, copies of which were forwarded to the Factory Inspector.

Food.

1. Meat Inspection. The majority of meat for consumption in the Liskeard Rural District during the year was obtained from the abattoir of the Liskeard Wholesale Meat & Livestock Society, Ltd. This abattoir is situated in the Borough of Liskeard and the meat inspection there is carried out by the Borough Public Health Inspector.

There was no slaughtering carried out in the two licensed slaughter-houses at Lerryn during the year, and there were no further applications for licenses.

Routine visits were made during the year, to the 15 butchers' shops.

2. Food Premises. The data regarding the number of the various premises in the area, by type of business is as follows :—

(i) Food Premises.

Cafés and Restaurants	...	...	...	21
Hotels and Guest Houses	...	...	...	15
School Canteens	...	...	...	18
Public Houses	...	...	...	20
Clubs	...	...	...	2
General Grocer Shops	...	...	...	63
Butchers' Shops	...	...	...	15
Bake-houses	...	...	...	2
Confectionery	...	...	...	3
Greengrocer Shops	...	...	...	4

(ii) Registered Food Premises.

(a) Section 15. Food & Drugs Act, 1955.

Sale of Ice Cream	...	...	...	70
Other Food Preparations	...	...	...	7

(b) Milk & Dairies Regulations, 1949-54.

Number of Dairies Registered	...	...	...	8
Number of Registrations for Distribution of Milk	...	...	...	24

3. Inspection of Registered Food Premises.

The following inspections were made during the year.

Ice Cream Premises	...	...	...	56
Other Food Preparations	...	...	...	18
Dairies	...	...	...	20

During the year, eight applications were received for the registration for the sale of ice cream. Inspections were made of the premises concerned, and the requirements of the Food & Drugs Act & Regulations were given to the applicants. In each case these were complied with and registration granted.

One application was received for registration of premises as a Dairy under the Milk & Dairies Regulations. The premises concerned complied with the requirements of the Regulations and registration was granted.

In addition, routine visits were made to all the other Registered Food Premises in the District, and conditions were generally satisfactory.

4. Educational Activity. Educational activity on Food Hygiene during the year was confined to informal talks to the proprietors and staff of food premises during routine visits, but I am exploring the possibility of arranging a talk and film show to food traders in Polperro in 1957 before the commencement of the summer season. The idea of giving similar talks to the village organisations, e.g. Women's Institutes, will be considered during 1957.

5. Condemned Food. The disposal of condemned food is carried out by burying it on the Council's refuse dump. Tinned foods are first punctured and all food treated with a solution of fluorescein before burying.

6. Examination of Food. It was not necessary to carry out a special examination of a stock or consignment of food during the year.

Routine visits were, however, made to the various food shops and premises, and various foodstuffs examined. The following were condemned as unfit for human consumption :—

22 tins of fruit.
8 tins of vegetables.
1 tin of meat. ...

7. Ice Cream. (Heat Treatment, etc.) Regulations, 1947-52. There are no manufacturers of ice cream in the District. By the end of 1957, however, there were 70 premises from which ice cream was sold to the general public. It is gratifying to know that over 90% of this commodity, now being sold in the District is pre-packed. In order to ensure that the bacteriological standard of cleanliness of the product is maintained, I have taken 48 samples for examination by the methylene blue test during the year. These were the results :—

Grade (i)	...	...	...	39
Grade (ii)	...	...	...	7
Grade (iii)	...	...	...	2
Grade (iv)	...	...	...	Nil

The samples placed in Grade (iii) were pre-packed, and were manufactured outside this District. The Public Health Inspector of the District in which the product was manufactured was notified.

The consistently high grading of ice cream is an indication of the satisfactory standard of hygiene in the industry.

8. Food Hygiene Regulations, 1955. These Regulations came fully into operation during the year, and the powers provided are welcomed by Public Health Inspectors generally. The Regulations apply to food premises whether or not there is a question of sale. They apply to the supply of food in the

course of a business, which is defined so as to include canteens, clubs, schools and other institutions as well as undertakings carried on by public and local authorities. There are 163 premises in the District which are controlled by these Regulations, and the only way in which they can be satisfactorily administered is by frequent visits.

A survey was made of the school canteens and a report of the requirements necessary to comply with the Regulations was made to the Medical Officer of Health, who has reported to the Education Authority.

A commencement has been made on the survey of other premises as opportunity has permitted. The majority of the cafés and restaurants were visited, and were generally satisfactory. It was gratifying to find that in all cases visited, refrigerators were provided and wash hand basins were available for the use of the staff. Verbal instructions were given and complied with in all cases.

The need for adequate facilities for hand washing in village general stores where so many different commodities are supplied and handled is of vital importance. It is only by the amenities being available that food handlers can be encouraged to wash their hands after handling potatoes, paraffin, etc. The absence of piped water supplies and drainage in so many of the villages makes for a poor standard of food hygiene, and it is hoped that when the Council has brought water to the villages, sewerage schemes will be provided without undue delay.

In order to bring the Regulations to the notice of all traders, a copy of "Your Guide to the Food Regulations, 1955", published by the Central Council for Health Education, was circulated during the early part of the year.

No Certificates of Exemption were issued during the year.

Housing.

1. Council House Building. During 1956, the Council erected 32 new buildings, bringing the total housing estate to 522. With the reduction and ultimate withdrawal of the Government subsidy the Council's housing programme for general purposes is virtually at an end.

Some new houses are required for old people, and for those who will be removed from Clearance Areas, and slum property dealt with under Section 11 of the Housing Act, 1936.

Efforts are now being made to select suitable sites for this re-housing programme but the problem is not an easy one to solve. In parts of the District where re-housing is most necessary, suitable sites are very few indeed. Land is reasonably easy to acquire in the scattered parts of the Area, where the demand for houses is small.

2. Slum Clearance and Repair. Some progress has been made with the Council's Slum Clearance programme, and the following shows the particulars up to the end of 1956.

	1955	1956
No. of houses in Clearance Areas in respect of which Clearance Orders have been made	9	6
No. of houses in respect of which a Clearance Area has been declared	—	2
No. of houses closed as a result of an undertaking given by the owners under Section 11 of the Housing Act, 1936	4	15
No. of individual unfit houses demolished	1	2
No. of temporary dwellings, (huts, etc.) demolished	1	Nil
No. of houses made fit during 1956	—	63

3. Reconditioning and Modernisation of Existing Houses. The Council has continued to implement the Improvement Grant Scheme during 1956. There were 26 applications received during the year of which 23 were approved by the Council. The average cost per dwelling approved was £766. 10. 0. and of the schemes concerned, eight were given a 40% and fifteen a 50% Grant. During the year, 33 schemes were completed, and Completion Certificates granted.

A substantial number of enquiries are made for the Grants, but many do not materialise when owners are advised of the extent of the work which has to be carried out in order to comply with the "Twelve Conditions". A complete inspection is made of all the houses, and the prospective applicant is advised if the property is eligible for Grant, and of the work which would have to be carried out under the headings of "Improvements" and "Repairs". This prevents unnecessary expenditure on plans and specifications of schemes which stand little chance of success.

In addition to the provision of the normal amenities, it is invariably necessary to carry out improvements which include the provision of damp-proof floors, extra window areas and the alteration of ceiling and floor levels to obtain 7 ft. height. The remedying of rising dampness by impervious linings and the provision of dry areas around walls are often necessary in Improvement Schemes to country cottages.

The Council can justifiably feel proud of the progress in this aspect of their housing work, for up to the end of this year, 130 schemes have been approved, of which 87 have been completed. These houses when improved will be of a high standard, and have at least a 30 year life. The Council is playing its part in saving and preserving the rural character, which would be substantially altered if so many of the cottages were allowed to fall out of occupation due to sanitary defects and lack of amenities.

APPENDIX 1.**Principal Causes of Death — All Ages — 1956**

Disease	St. Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No. 7
Heart disease ...	71	62	34	17	50	21	255
Cancer (all sites)...	40	29	22	8	13	13	125
Vascular lesions of the nervous system (stroke)..	27	19	10	5	9	3	73
Respiratory disease	17	6	15	2	10	—	50
Circulatory disease	12	6	6	1	4	2	31
Genito-urinary disease ...	5	3	4	1	1	—	14
Digestive disease...	4	6	1	1	1	—	13
Suicide ...	4	4	1	—	—	1	10
Other accidents ...	4	2	—	—	2	—	8
Motor vehicle accidents ...	1	—	1	—	—	—	2

APPENDIX 2.**Type of Heart Disease and Cancer Causing Death — 1956**

Type of Disease	St. Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No. 7
Coronary disease, angina ...	26	19	14	11	9	7	86
Hypertension with heart disease ...	8	6	—	1	2	2	19
Other heart disease ...	37	37	20	5	39	12	150
Cancer of lung and bronchus ...	3	10	1	2	—	6	22
Cancer of stomach	8	2	2	1	5	2	20
Cancer of breast...	6	2	2	—	2	—	12
Cancer of uterus...	1	1	2	—	2	1	7
Other cancers ...	22	14	15	5	4	4	64

APPENDIX 3.**Deaths by Age Groups — 1956**

District	0-5 years	5-15 years	15-45 years	45-65 years	65-75 years	75 years & over	All Ages
St. Germans R.D. ...	3	2	12	45	56	96	214
Liskeard R.D. ...	5	—	5	30	43	70	153
Saltash M.B. ...	4	2	3	20	32	50	111
Torpoint U.D. ...	1	1	1	9	10	17	39
Liskeard M.B. ...	2	1	2	14	20	52	91
Looe U.D. ...	—	—	3	6	13	22	44
Health Area No. 7 ...	15	6	26	124	174	307	652

APPENDIX 4.**Average Age at Death — 1956**

District	Males	Females
St. Germans R.D. ...	66	72
Liskeard R.D. ...	69	71
Saltash M.B. ...	69	69
Torpoint U.D. ...	64	71
Liskeard M.B. ...	73	73
Looe U.D. ...	68	80
Health Area No. 7 ...	68	73

APPENDIX 5.**Tuberculosis****New Cases and Deaths in Health Area No. 7 — 1956**

Age Group			New Cases		Deaths	
			M.	F.	M.	F.
0-1 year	...	...	—	—	—	—
1-5 years	...	...	1	—	—	—
5-15 years	...	...	2	1	—	—
15-45 years	...	...	3	8	—	—
45-65 years	...	...	5	4	1	—
65 years and over	...	...	5	—	—	—
Totals	...	...	16	13	1	—

	Males	Females	Total
New case rate per 1,000 of population ...	0.31	0.26	0.57
Mortality rate per 1,000 of population ...	0.02	—	0.02

Case Rates and Mortality Rates per 1,000 of Population in the Six County Districts in Health Area No. 7 — 1956

District	All known Cases		
	New Cases	as at 31.12.56	Deaths
St. Germans R.D. ...	0.25	6.83	—
Liskeard R.D. ...	0.50	5.50	0.07
Saltash M.B. ...	0.80	7.34	—
Torpoint U.D. ...	0.88	9.15	—
Liskeard M.B. ...	0.46	9.28	—
Looe U.D. ...	1.34	7.80	—
Health Area No. 7 ...	0.57	7.08	0.02
Cornwall County ...	0.63	—	0.11

APPENDIX 6.**Cancer of the Lung and Bronchus — 1956
Deaths by Age Groups and Sexes**

Age Group			Males	Females
15-45	...	...	1	1
45-65	...	...	9	1
65-75	...	...	3	1
75 and over	...	...	3	3
Totals			16	6

Lung Cancer Rate per 1,000 of Population

		Males	Females	Total
Health Area No. 7	...	0.314	0.118	0.432
Cornwall County	...	0.224	0.027	0.251
England and Wales	...	0.349	0.058	0.407

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